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** CONTINUING DATA

***** yes spb

(note office action)
about date

This application is a CON of 10/163,626 06/05/2002 PAT 6,671,581 *

which is a CON of 09/373,678 08/13/1999 PAT 6,424,885

which claims benefit of 60/128,160 04/07/1999

(*)Data provided by applicant is not consistent with PTO records.

** FOREIGN APPLICATIONS

***** no - e spb

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 11/17/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	CA	27	9	3
Allowance Examiner's Signature <i>[Signature]</i> Initials				

ADDRESS

20350

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94111-3834

TITLE

Camera referenced control in a minimally invasive surgical apparatus

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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